

Application Data Sheet
Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Number of copies of CFR::

Title:: SYSTEM FOR TRANSACTION
PROCESSING WITH PARALLEL
EXECUTION

Attorney Docket Number:: BEAS-01337US1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 8

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::	No
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Alexander
Middle Name::	J.
Family Name::	Somogyi
Name Suffix::	
City of Residence::	Bernardsville
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	87 Ravine Lake Road
City of mailing address::	Bernardsville
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	07924

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Adam
Middle Name::	
Family Name::	Messinger

Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 317 29th Street, Apt. 306
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94131

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Anno
Middle Name:: R.
Family Name:: Langen
Name Suffix::
City of Residence:: Berkeley
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 973 Indian Rock
City of mailing address:: Berkeley
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94707

Correspondence Information

Correspondence Customer Number:: 23910
Phone number:: (415) 362-3800
Fax Number:: (415) 362-2928
Email address:: SBachmann@fdml.com

Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Application claiming the benefit under 35 USC 119(e) Provisional	60/442,319	01/24/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::	BEA Systems, Inc.
Street of mailing address::	2315 North First Street
City of mailing address::	San Jose
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	95131